

WALKING CLUB MANUAL

Special Olympics
Washington

 Special Olympics
Health
MADE POSSIBLE BY FOUNDATION
Golisano

**CDC**
CENTERS FOR DISEASE
CONTROL AND PREVENTION

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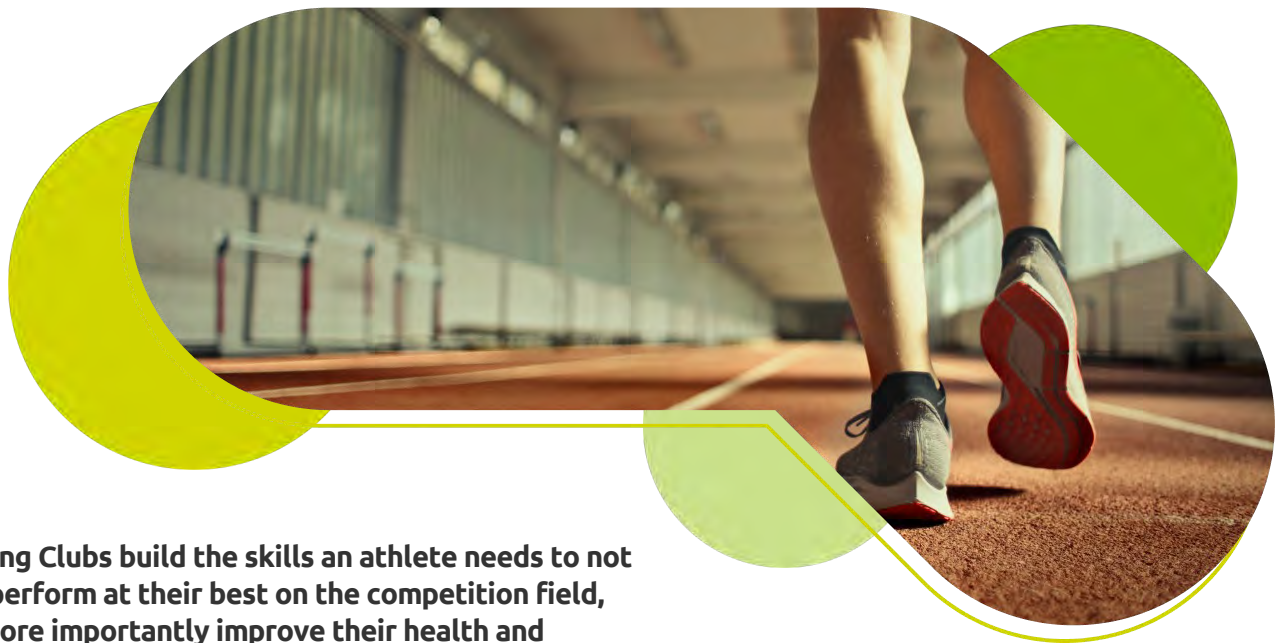


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What are Walking Clubs?

Special Olympics Walking Clubs aim to bring together individuals with and without intellectual disabilities for non-competitive physical activity. Walking Clubs provide the platform and opportunity for individuals to challenge themselves, establish friendships, and exercise. The goals of Walking Clubs are:

- ▶ Participants increase physical activity
- ▶ Participants track steps/activity
- ▶ Groups or individuals complete walks, hikes, or runs throughout the season



Walking Clubs build the skills an athlete needs to not only perform at their best on the competition field, but more importantly improve their health and increase their quality of life.

Walking Clubs can take place during a traditional sports season or as a standalone club.

Community groups such as Supported Living Residences, Parks & Rec programs, Athlete Leadership Councils, and caregivers can also organize a Walking Club in their community. Walking clubs can be led by a head coach, assistant coach, athlete leader, caregiver, family member or volunteer.

Participants receive incentives for tracking their goals and submitting that information back to SOWA. Prizes include water bottles, t-shirts, running belts, aprons, exercise equipment and more.

Walking Clubs are implemented at no cost to the program or group.



WALKING CLUB

SPECIAL OLYMPICS
WASHINGTON



Getting Ready for Your walking club

Required Paperwork

Registered Special Olympics Athlete Participants

- ▶ Athlete Registration Form (valid for 3 years)
- ▶ COVID Waiver (submit once, valid forever)

ATHLETE REGISTRATION FORM

Special Olympics Washington

Does Special Olympics Program: New Athlete No Athlete

Local Area/Delegation: _____

ATHLETE INFORMATION:

First Name: _____ Last Name: _____
 Last Name: _____ Preferred Name: _____
 Date of Birth (mm/dd/yyyy): _____
 Sex: Female Male Other (Please Specify): _____

RESIDENTIAL INFORMATION:

Residential Institution Name: _____
 Back of African Ancestry Asian American White not hispanic
 White or Caucasian Hispanic or Latin Native Hawaiian or Other Pacific Islander
 Other: _____

Language spoken at home (check all that apply):
 English Spanish Other (Specify): _____

Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Email: _____
 Birthdate: _____

Medical Information (Any Changes):
 Does the athlete have any history of current medical treatment on his or her own behalf? Yes No
 (Specify) _____

EMERGENCY CONTACT INFORMATION:
 Name: _____
 Relationship: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Email: _____

TEAM INFORMATION:
 Name: _____
 Physician Name: _____
 Insurance Company: _____
 Insurance Group Number: _____
 Volunteer/Event Number: _____

WALKER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMENT FOR COMMUNICABLE DISEASES - SPECIAL OLYMPICS

In consideration of being allowed to participate in any way in Special Olympics sports, training, competition or fundraising activities, the undersigned acknowledges, understands, and agrees that:

- Participation includes possible exposure to and illness from infectious and/or communicable diseases including but not limited to TB, influenza, and COVID-19 while in particular close and personal contact with others, the risk of serious illness and death does exist, and;
- I KNOWLEDGE AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF OTHERS, and assume full responsibility for my participation and;
- I hereby agree to comply with the related and customary terms and conditions for participation as required by Special Olympics, Inc. I understand and agree that I will be held responsible for my actions and any actions of my staff, employees, other participants, sponsors, volunteers, and agents, and I will be held liable for any and all damages, injuries, or losses, whether or not caused by my negligence or otherwise, to the extent permitted by law.

I HAVE READ THE RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDEMNITY.

Name of Participant: _____
 Participant Signature: _____
 Date signed: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that, as parent/guardian, with legal responsibility for this participant, I have read and understand the provisions of this waiver and release of liability and indemnification agreement, and agree to assume full responsibility for the participant's participation in Special Olympics activities, including the risk of serious illness and death. I understand and agree to the terms and conditions of this agreement, and I agree to hold Special Olympics, Inc. harmless from any and all damages, injuries, or losses, whether or not caused by my negligence or otherwise, to the extent permitted by law.

Name of parent/guardian: _____
 Parent/guardian signature: _____
 Date signed: _____

Non-Special Olympics Athlete Participants (individuals with IDD, parents, family etc)

- ▶ Walking Club Waiver (Valid until expiration date 12/31/23)
- ▶ COVID Waiver (submit once, valid forever)

WALKING CLUB

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Name of parent/guardian: _____
 Parent/guardian signature: _____
 Date signed: _____

Group Leader (Coach, volunteer, parent, family etc) – meet Tier 1 Coach Requirements

- ▶ COVID Waiver (submit once, valid forever)
- ▶ Online Background Check (good deed code: e4c8ri8)
- ▶ Protective Behaviors Quiz

The screenshot shows the Special Olympics Washington website. On the left, there is a 'Scoring' section with a group photo. In the center, there is an 'Online Learning Portal' with a video thumbnail. On the right, there is a 'Protective Behaviors Quiz' section with a 'Start' button. The website header includes 'Special Olympics Washington' and navigation links for 'LEARN ABOUT PARTNERS COMMUNITY'.



General guidance on registration forms by person type.

Structuring Your Club



Set schedule that does not conflict with sports practice times or other regularly scheduled activities.



Identify one point of contact to streamline communication (most likely the group leader).



Recruit athletes who are participating in the current sports season and want an additional activity.



Communicate required paperwork in advance.



Select safe and familiar locations for walking and hiking that are accessible via public transport or Access.



Recruit athletes who aren't participating in the current sports season.

Spreading the word

- 01 Create a schedule for walks/hikes/runs throughout the season
 - ▶ Aim for 6+ sessions
- 02 Connect with Us (fitness@sowa.org)
 - ▶ Let us know you are starting a program
- 03 Create a schedule/flyer to spread the word
 - ▶ Special Olympics Washington can assist!
- 04 Begin collecting registrations and paperwork to build your roster



Registration

At the beginning of each season, coaches and group leaders can sign up for Walking Clubs through the [seasonal registration portal](#). Coaches can sign their team up at the same time they are completing the registration process for their sport. Coaches or group leaders will need to complete a [roster](#) with the names of their participants and upload this to the portal.

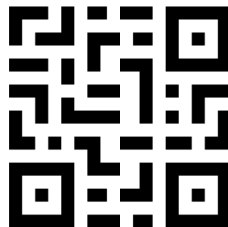
Roster:



Roster fields:

- ▶ sport (select: walking club)
- ▶ person type (select: athlete, coach etc.)
- ▶ first name
- ▶ last name
- ▶ birthdate
- ▶ gender
- ▶ active status (select: nEW or RETURNING)

Our registration team will verify that all participants are properly credentialed. Registration will open the week after each of our state games and is due two weeks after it opens. Waivers and participation forms should also be uploaded through the portal when you register your Walking Club.



[seasonal registration portal](#)

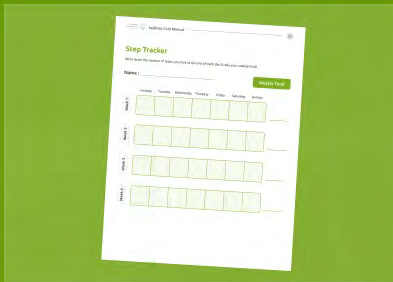
Program Materials

Upon registration, you will receive the following in the mail:

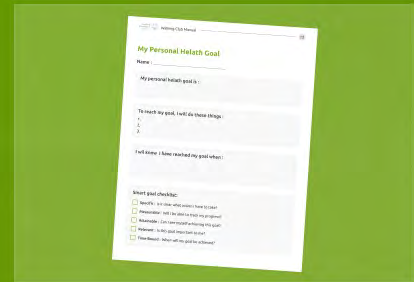
↪ Athlete kit (1 per athlete as requested)



▶ Wrist Pedometer

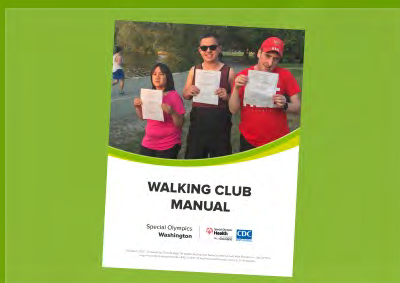


▶ 8-week Step Tracker



▶ SMART Goal Worksheet

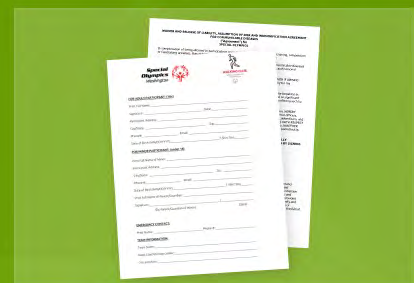
↪ Group leader kit (1 per group leader as requested)



▶ Walking Club Manual
(printed version of this document)



▶ Dynamic Stretches Guide



▶ Extra Copies of Waivers

Review all the materials you receive and read carefully through this manual and the before starting the program.

Timeline & Implementation

Walking Clubs can take place during a traditional sports season or as a standalone club. Walking Clubs should meet for a minimum of 6+ sessions throughout the season.

Sports season:

➔ Team meets weekly outside of regular sports practice for 6+ weeks during a sports season:

- ▶ Winter season: Late November to beginning of march.
- ▶ Spring season: Beginning of march to mid-june.
- ▶ Summer season: Mid-June to late august.
- ▶ Fall season: Late August to late november.

➔ Ongoing clubs:

- ▶ Ongoing clubs can structure their schedule into 6-week sessions from season to season.

There are a few weeks where you will be asked to complete additional tasks

Midpoint Check-In:

➔ First session:

- ▶ Group leader collects, records, and uploads all paperwork from participants.
- ▶ Participants will create a goal using the personal health goal worksheet.
- ▶ Participants receive their step trackers.
- ▶ Participants will begin tracking their daily steps on this day.

➔ Mid-Point check in:

- ▶ Check in with athletes on their goals and discuss any challenges or modifications

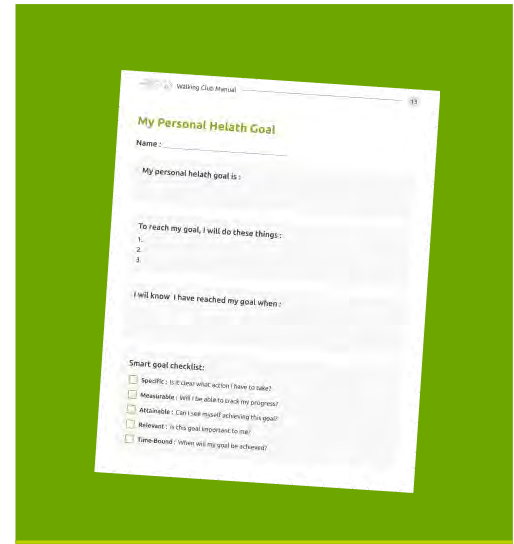
➔ Final session: (week 6 or after)

- ▶ **Lifestyle surveys (7 mins per person):**
All participants, including family members, complete the lifestyle survey (online form) bit.ly/3ZUf84R alternatively, group leaders can use the group template at the end of this manual to collect all responses.
- ▶ **End of session evaluation (7 mins):**
Group leaders submit end of session evaluation by specified deadline: bit.ly/3Jl5cu9

Data Collection

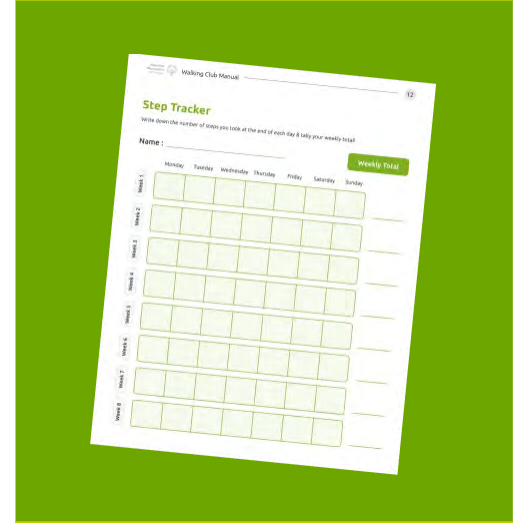
Personal Health Goals

Athletes are encouraged to create a SMART Goal using the provided template. Program leaders should document athlete goals (ex: take a photo of their goal sheet) and encourage athletes to place their goal sheet in a prominent place such as their sports bag, fridge, or bedroom mirror.



Step Tracker

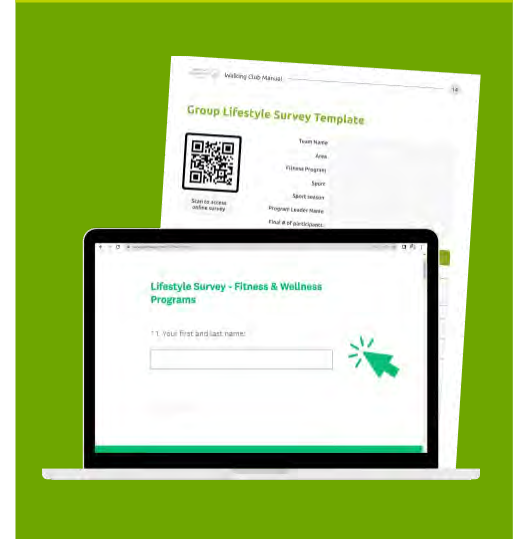
Each participant will receive an 8-week step tracker to record the number of steps they take each day. You should always remind participants to keep track of their goals and steps, and to do so honestly. No one is perfect – we are not expecting athletes to achieve every single goal every single day. If they are honest about their goals, they will see better improvements in their health and athletic abilities in the long run! Program Leaders will submit the total group step count at the end of the program.



Lifestyle Surveys

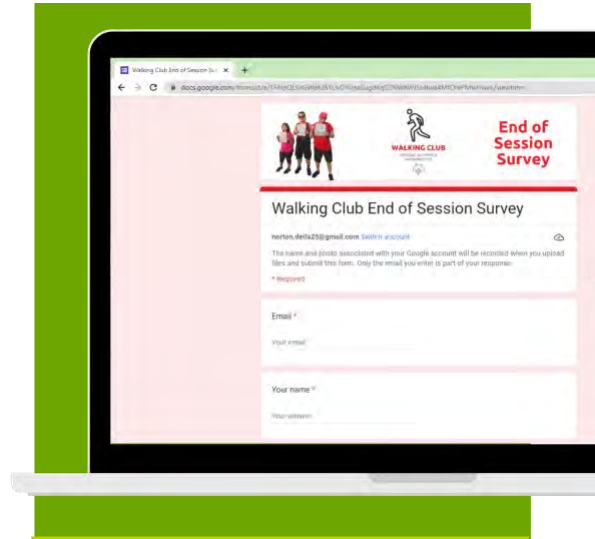
The Lifestyle Surveys will be completed at the end of the program. These surveys help athletes, coaches, and SOWA to better understand the effectiveness of Walking Clubs. This survey will take approximately 5 minutes to complete. Individuals can complete their own survey online: bit.ly/3Jl5cu9

Alternately, Program Leaders can collect participant lifestyle survey responses in-person using the Group Lifestyle Survey Template at the end of this manual or using the [excel template](#). Program leaders will upload the Group Lifestyle Survey Template when they submit the End of Session Evaluation.



End of Session Evaluation:

Completion of the end of session evaluation form is required for teams to receive their incentives. This form will take approximately 7 minutes to complete. Group Leaders will be asked to report on the total number of participants, total group steps, program impact, upload Group Lifestyle Survey Template (if applicable), and photos from the program. bit.ly/3JLQRrS



Incentives

Task → **Reward**

Athlete has **tracked their goals** for at least 6 weeks straight **AND completes Lifestyle Survey.**

Athlete earns an incentive! Incentives will change from season to season and may include a **Fitness Shirt, Cooking Apron, Water Bottle or Running Belt.**



Group leaders complete the End of Session Evaluation bit.ly/3JLQRrS

Group Leaders will receive a \$25 Amazon gift card.



Resources

SOWA Fitness & Wellness Programs Webpage: bit.ly/3tus7mi

SO North America Fitness Webpage: bit.ly/3yjffpn

Thank You!

for providing athletes with opportunities to improve their health and quality of life. Have fun!



Further questions or comments can be sent to: fitness@sowa.org



WALKING CLUB
SPECIAL OLYMPICS WASHINGTON



My Personal Health Goal

Name : _____

My personal health goal is :

To reach my goal, I will do these things :

- 1.
- 2.
- 3.

I will know I have reached my goal when :

Smart goal checklist:

- Specific** : Is it clear what action I have to take?
- Measurable** : Will I be able to track my progress?
- Attainable** : Can I see myself achieving this goal?
- Relevant** : Is this goal important to me?
- Time-Bound** : When will my goal be achieved?

Lifestyle Survey: Fitness & Wellness Programs

For Program



Special Olympics
Washington
Health



Scan to access
online survey

Team Name	
Area	
Fitness Program	
Sport	
Sport Season	
Program Leader Name	
Final # of Participants	

Survey Questions

1	<p>Role <i>(A=Athlete, CAR=Caregiver, CO=Coach, P=Parent, UP=Unified Partner)</i></p>
2	<p>Race/Ethnicity <i>(AI=American Indian/Alaskan Native, AA=Asian American, B=Black/African American, H=Hispanic/Latinx, PI=Native Hawaiian/Pacific Islander, W=White/Caucasian, Blank=Prefer not to answer)</i></p>
3	<p>T-Shirt Size <i>(XS, S, M, L, XL, 2XL, 3XL, 4XL)</i></p>
4	<p>Nutrition After participating in this program, I can make healthier choices about nutrition <i>(True, False, Unsure)</i></p>
5	<p>Hydration After participating in this program, I can make healthier choices about hydration <i>(True, False, Unsure)</i></p>
6	<p>Exercise After participating in this program, I can make healthier choices about exercise <i>(True, False, Unsure)</i></p>
7	<p>Mental Health After participating in this program, I feel better about my mental health <i>(True, False, Unsure)</i></p>
8	<p>Goals This program helped me achieve my health goal <i>(True, False, Unsure)</i></p>
9	<p>What was your favorite part about participating in this program?</p>
10	<p>Did you notice any positive changes in your health after participating in this program? Please share!</p>
11	<p>Do you have any suggestions to help us improve this program?</p>

	Athlete Name					
1	Role					
2	Race/Ethnicity					
3	T-Shirt Size					
4	Nutrition					
5	Hydration					
6	Exercise					
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